

STATE OF HAWAII DISTRICT COURT OF THE FIRST CIRCUIT _____ DIVISION	EXHIBIT LIST DO NOT FILE WITH COURT	CIVIL NUMBER			
Plaintiff(s)	Plaintiff(s)/Plaintiff(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)				
Defendant(s)	Defendant(s)/Defendant(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)				
Date of Trial or Hearing:					
*DESIGNATION OF IDENTIFICATION CODES __ PLAINTIFF __ DEFENDANT	OFFERED FOR IDENTI- FICATION	RECEIVED IN EVIDENCE	WITHDRAWN	DESCRIPTION OF EXHIBIT	DATE R = RETURNED D = DESTROYED OTHER COMMENTS

In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.

EXHIBIT1.X (Amended 4/18/97)v	PAGE _____ OF _____ PAGE(S)
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* Plaintiff(s) to label exhibits in numerical order Example: Plaintiff(s) — 1, 2, 3, etc.
 Defendant(s) to label exhibits in alphabetical order Example: Defendant(s) — A, B, C, etc.
 A completed list and all exhibit(s) shall be presented to the Court at the time of trial or hearing.